U.S. Department of Labor Office of Labor-Managemeat Standards Washington, DC 20210



FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| 1. File Number U - | 2. Fiscal Year Covered From: | |
|---|---|--|
| 13326 | 1 / 1 / 2004 Through: 12 / 31 / 2004 | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | |
| Name Thomas J Harrington P.O. Box, Bldg., Room No., if any | Name New England Regional Council of Carpenters Labor Organization File Number 540-823 P.O. Box, Building and Room Number, if any | |
| Street 20 Rose Marie Lane | Street 803 Summer Street, 4th Floor | |
| City Walpole | City South Boston | |
| State Massachusetts ZIP Code + 4 02081 | State Massachusetts ZIP Code + 4 02127 | |
| 5. Position in labor organization. Executive Secretary-Treas | | |

| 7.a. Nature of Interest, Transaction, or Income. | |
|--|--------------|
| Not applicable. | 1 |
| | |
| | |
| 7.b. Amount. | |
| | |
| \$0 | |
| | |
| | 7.b. Amount. |

| submitted in this report (including the information contained in any accompanying docume undersigned's knowledge and belief, true, correct, and complete. (See the section on per | |
|---|---|
| Signed Thomas Hansagt On | Ang 201 (617) 268-3400 Telephone Number |

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

| Name of Person Filing Thomas Harrington | File Number U- | | | | |
|---|---|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with. | | | | |
| Name Mass.State Carpenters Combined Benefits Fund | a. Labor Organization | | | | |
| Trade Name, if any: | b. Trust | | | | |
| P.O. Box, Bldg., Room No., if any | c. Employer | | | | |
| Street 350 Fordham Road | - | | | | |
| City Wilmington | | | | | |
| State Massachusetts ZIP Code + 4 01887 | | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employar's name. | 11.a. Nature of such dealing. | | | | |
| Name | Thomas Harrighton serves as chairman of the Board of Trusttes of the Mass. State Carpenters Combined Benefits Fund. | | | | |
| Trade Name, if any: | Denotics Fand. | | | | |
| P.O. Box, Bidg., Room No., if any | | | | | |
| Street | 11.b. Approximate dollar value of such dealing. \$18,000,000 | | | | |
| City | 12.a. Nature of interest hald or income received. | | | | |
| State ZIP Code + 4 | Attended investment retreat in Chatham, Mass. on 5/24/04 - 5/25/04 = \$703. Attended annual neeting (with First Trade Union Bank and the Benefits Fund in Boston, MA = \$71. | | | | |
| | | | | | |
| | | | | | |
| | 12.b. Amount. \$774 | | | | |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | | | | | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | | |
| Name | | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room No., if any | | | | | |
| Street | | | | | |
| City : | | | | | |
| State ZIP Code + 4 | | | | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | | | |

| Name of Person Filing Thomas Harrington | File Number U- | | |
|---|---|--|--|
| B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. | vise dealing with the business vely seeking to represent, of irectly to, or otherwise | | |
| Name and address of Business (including trade name, if any). | 9. Business deals with: | | |
| Name New England Carpenters Training Fund | | | |
| Trade Name, if any: | X a. Labor Organization | | |
| P.O. Box, Bldg., Room No., if any | b. Trust c. Employer | | |
| Street 13 Holman Road | c. Employer | | |
| City Millbury | | | |
| State Massachusetts ZIP Code + 4 01527 | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name, | 11.a. Nature of such dealing. | | |
| Name | Thomas Harrington serves as Chairman of the Board of Trustees of the New England Carpenters Training | | |
| Trade Name, if any: | Fund. | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | 11.b. Approximate dollar va ue of such dealing. \$40,721 | | |
| City | | | |
| State ZiP Code + 4 | 12.a. Nature of interest held or income received. Attended Christmas luncheon for Board of Trustees of New England Carpenters Training Fund. | | |
| | | | |
| | 12.b. Amount. \$79 | | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | |
| Name | Not applicable. | | |
| | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| 13.b. is the Business an Employer or Consultant ? | 14.b. Amount of payment \$0 | | |

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| ame of Person Filing Thomas Harrington | | Number U- | | | |
|--|---|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | |
| 8. Name and address of Business (including trade name, if any). Name First Trade Union Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10 Drydock Avenue City Boston State Massachusetts ZIP Code + 4 02210 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | - | ves as Acting Chairman of the the First Trade Union Bank. | | | |
| Street City State ZIP Code + 4 | 11.b. Approximate dollar value of 12.a. Nature of interest held or a Attended Christmis lu First Trade Union Ban | income received. uncheon for Board of Trustees of | | | |
| C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money | 12.b. Amount. er parts A and B above) or other thing of value. | \$69 | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | 14.a. Nature of payment. Not applicable. | | | | |

14.b. Amount of payment

13.b. is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

\$0

File Number U-Name of Person Filing Thomas Harrington B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trace name, if any). 9. Business deals with: Name Boston Carpenters Apprenticeship Fund X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 385 Market Street Brighton State Massachusetts ZIP Code + 4 02135 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Thomas Harrighton serves as chairman of the Board of Name Trusttes of the Boston Carpenters Apprenticeship and Training Fund. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate do lar value of such dealing. \$1,674,501 City 12.a. Nature of interest held or income received. Attended Christmas luncheon for Board of Trustees of ZiP Code + 4 State Boston Carpenters Apprenticeship and Training Fund. 12.b. Amount. \$102 C. Received from any employer (other than an employer covered under parts A and B abova) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Not applicable. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant